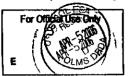
U S. Department of Labor Office of Labor-Management Standards Washington DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Exores 11-30-2006

This report is mandatory under P.L. 86-257 as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440



1 File Number U 01086

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

2. Fiscal Year Covered From:

1800	1 / 1 / 2005 Through: 12 / 31 / 2005						
3. Name and address of person filing	4 Name, file number and address of labor organization.						
Name Lawrence K Sayre	Name Teamsters Local Union No 507						
	Labor Organization File Number 064-048						
PO Box, Bldg. Room No if any	P O Box, Building and Room Number if any						
Street 4009 Memphis Ave UP	Street 5425 Warner Rd Unit 7						
City Cleveland	City Cleveland						
State Ohio ZIP Code + 4 44109	State Ohio ZIP Code +4 44125						
5. Position in labor organization. Trustee/Business Agent							
Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):							
A. Held an interest in engaged in transactions (including loans) with omentary value from an employer whose employees your organization.	or derived income or other economic benefit of ation represents or is actively seeking to represent.						
Name and address of Employer (including trade name, if any) 7 a. Nature of Interest, Transaction or Income.							
Name							
Trade Name, if any							
PO Box, Bidg., Room No. if any	7 b. Amount.						
Street]						
Cây	3 \$0						
State ZIP Code + 4	<u> </u>						
SI	gnature						
15. Signature and vertilication. The undersigned declares, under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief true, correct, and complete. (See the section on penalties in the instructions.)							
submitted in this report (including the information contained in any accompa	section on penalties in the instructions.)						
submitted in this report (including the information contained in any accompa	section on penalties in the Instructions.) On 3-38-66 216-328-0111						

Name of Person Filing Lawrence Sayre	File Number U- 0108	6					
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested							
8. Name and address of Business (including trade name, if any) Name Teamsters Local Union No 507 CER Fund Trade Name if any P O Box, Bidg. Room No if any Street 5425 Warner Rd Unit 7 City Cleveland State Ohio ZIP Code +4 44125	9 Business deals with a Labor Organization b Trust c. Employer						
10 If 9 b or 9 c. is checked give trust or employer's name	11 a. Nature of such dealing						
Name Teamsters Local Union No 507 Trade Name if any PO Box, Bidg. Room No. if any	Participant as a member of Teamster	ticipant as a member of Teamsters Local 507					
Street 5425 Warner Rd Unit 7	11 b. Approximate dollar value of such dealing.	\$0					
City Cleveland	12.a. Nature of interest held or income received.	1-1					
State Ohio ZIP Code + 4 44125	articipant in Charitable Educational and ecreational activities with and on behalf of embers of Teamsters Local 507						
	12.b. Amount.	\$901					
C Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money							
13.a. Name and address of Employer or Labor Relations Consultant	14 a. Nature of payment.						
(including trade name, if any).							
Name							
Trade Name If any							
P O Box, Bldg Room No If any							
Street							
City		[]					
State ZIP Code + 4							
13.b. Is the Business an Employer or Consultant?	14 b. Amount of payment.	\$0					

Form LM-30 (2003)

LKS 3-28-07

	
Name of Person Filing Lawrence Sayre	File Number U- 01086
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Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name, if any)			9 Business deals with	
Name Cleveland Bakers & Teamsters Health & Welfar		a. Labor Organization Discretely beautiful to the second		
Trade Name if any				
PO Box, Bidg Room No if any				
Ì	Street 9665 Rockside Road Ste C		c. Employer	
	Cay Cleveland			
	State Ohio	ZIP Code + 4 44125		
10 If 9.b or 9 c. is checked give trust or employer's name		11 a Nature of such dealing		
Name Teamsters Local Union No 507		Participation as Union Trustee as a member of Teamsters Local Union No 507		
Trade Name If any				
PO Box, Bidg. Room No. if any				
Street 5425 Warner Rd Unit 7				
City Cleveland				
	State Ohio	ZIP Code + 4 44125	11 b Approximate dollar value of such dealing	\$0
		12.a Nature of interest held or income received		
			All payments/remnmeration relate to Cleveland Bakers & Teamsters Healt ongoing operations	o the 2005 h & Welfare Fund
			12 b Amount.	\$2 079